

**DIVISION OF WORKERS COMPENSATION**

**KS DEPARTMENT OF LABOR**

800 SW JACKSON ST STE 600

TOPEKA KS 66612-1227

Phone: 785-296-3441 – Fax: 785-296-0839

Web Site: [www.dol.ks.gov](http://www.dol.ks.gov)

**Cancellation of Election of Employer to Provide Workers Compensation Coverage for Persons Performing Public or Community Service as a Result of a Contract of Diversion, Assignment to a Community Corrections Program or Suspension of Sentence or as a Condition of Probation or in Lieu of a Fine.**

**NOTICE:** To be processed, ALL entries on this form must be completed. All entries, except signatures, must be neatly printed in black ink.

**NOTE:** This Cancellation of Election is effective upon receipt by the Kansas Division of Workers Compensation.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

hereby cancels its previous election to provide workers compensation coverage for workers performing public or community service as a result of a contract of diversion, assignment to a community corrections program or suspension of sentence or as a condition of probation or in lieu of a fine within the provisions of the Kansas Workers Compensation Act.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title of Signing Individual

\_\_\_\_\_  
Date Signed